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CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**
☐ **RECONSIDERATION REQUEST**

DATE: 5/26/2021
DOCKET #:

FILER INFORMATION

Name: John C. Hebert
Office: Justice of the Peace, 3rd Justice Court
Parish: ASCENSION
Election Date: 11/3/2020
Level of Office: Any

REPORT INFORMATION

Name of Report: 30-P
Original Due Date: 10/5/2020
Date Filed: 10/26/2020
Activity Receipts: \$4,640.00
Expenditures: \$12,518.01
Funds at Close of Reporting Period: \$2,121.99

LATE FEE INFORMATION

Amount of Late Fee: \$840
Days Late: 21
Late Fee Order Received: 12/14/2020
Payment/Waiver Request Due Date: 1/3/2021
Waiver Request Received: 12/18/2020
Additional Information Requested:

- Medical
- Financial - requested 1/6/21 but never received.
- Other

COMMENTS: Waiver request was submitted by the candidate by mail. He states that the late filing was just an oversight on his part. He said that he thought the first report due was the 10 day prior to election. He said he is not making any excuses it was just an oversight on his part. He states that he has a financial hardship due to being unable to work 4 months out of the year due to Covid 19. Candidate did not provide documentation of the financial hardship as requested.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: Yes
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

December 18, 2020

Melissa Horn
Louisiana Board of Ethics
P.O. Box 4368
Baton Rouge, LA 70821

John C. Hebert
12455 T-Jean Ln.
St. Amant, LA 70774
225-287-8048

RE: Late fee assessment for November 03, 2020 Election
30-P Campaign Finance Disclosure Report


CERTIFIED MAIL
NO.7009 0080 0001 2946 7254

Dear Melissa Horn:

I humbly request a waiver of the afore mentioned late fee. Due to COVID-19 I was unable to work for 4 months out of the year. This caused a great financial stress on my family and I. If the board would be so kind as to waive this fee, I will strive to make sure this never happens in the future. I do apologize for my filing late, it was simply an oversight on my part. I thought my first report due was the 10 day prior to election and when I was preparing that report, I learned that I was supposed to file a 30 day prior report. I make no excuses for my actions, it was simply an oversight on my part. Again I humbly and graciously request a waiver for this late fee.

Please do not hesitate to contact me if anything further is needed.

Sincerely,



John C. Hebert



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS

P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

January 6, 2021

John C. Hebert
12455 T.Jean Ln.
St. Amant, LA 70774

RE: Ethics Board Docket No.:

Dear John C. Hebert:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that because of COVID-19 you were not able to work for 4 months which caused a financial stress on your family. If you would like the Board to consider your financial situation, you must provide documentation verifying your claim. Please complete the enclosed form along with your most recent W-2 or tax return. The information you provide will not be available to the public and only reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **February 8, 2021**.

Sincerely,

Melissa Horn

Financial Statement for _____ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature_____
Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses	(Provide Description)	
Total Monthly Expenses		

John C. Hebert
Judge 3RD Justice Court
44073 Gold Place Road
Saint Amant, LA 70774

CERTIFIED MAIL™



7009 0080 0001 2946 7254



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70821

U.S. POSTAGE PAID
FCM LETTER
GONZALES, LA
70737
DEC 18, 20
AMOUNT

\$6.95

R2304H109467-15

Louisiana Board of Ethics
Attn: Melissa Horn
P.O. Box 4368
Baton Rouge, LA 70821

70821-4368

